N. BEvery Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be
WRITE PI NLY, ITH UNFADING INK-THIS IS A PERMAN
MARGIN RESERVED FOR BINDING

PLACE OF DEATH  County Harly  Village or City Atalynood (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
1000	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Mos. 26 7, 1934  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decreed from
7 AGE    If LESS than   I day hrs.   ds.   or min.?	and that death occurred on the date stated above, at
(a) Irade, profession or particular kind of work  (b) General nature of industry  husiness or establishment in	(Durstion) vrs. 1 mos 2 dg.
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  Secondary  Durstion)  Jyrs
11 RIPTHPLACE John Namen	(Signed) Mp. (Address) Longsdown Mg
OF FATHER  (State or country)  12 MAIDEN NAME  (State or Country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SINTNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) UNATION	At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) for N. hlavor (Address) Hollywood Sty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  A TOTAL COMMENTAL MAN A COMMENTA
Filed 3/11e 19231 Caraller Registrar	20 UNDERTAKER ADDRESS ADDRESS PONENCHOTON
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

Village or City Inoardland (No.	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  State Ward) (If death occurred in a hospital or institution, give its NAME institution, give its NAME instead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mas , 199 / (Month) (Day) (Year)
6 DATE OF BIRTH  Mu 9 1868  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920, to 1921, that I last saw h 2) alive on 1954,
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at //- 30 pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work workelessing (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Secondary  (Duration) yrs mos ds.  (Signed) M. D.  Hasch 192/ (Address) And Corro
OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jana Junknown  13 BIRTHPLACE OF MOTHER (State or Country)  A Harys Co Hd	At place of deathyrs
(Informant) Joseph Jabian Barnes	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lives of orm	Jadies Chapel Mar 9, 19.8/ ADDRESS
If more banks are needed, addre.s tate Negistrar	, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engincer, Foreman, first line will be sufficient, e. g.. Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Colton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery; ,"""Deal-

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in al mening (uis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial nephritis, Alecommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," or intercurrent) Chronic affection etc. The contributory valvular heart Nomenclature of the need disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

20

PLACE OF DEATH  County Shary &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 280
Village or City Vaga (No	St.: Ward) (If death occurred in a hospitual or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MANUEL WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  March 10, 1991  (Month) (Day) (Year)
DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1990 to 1990, to 1990, that I last saw here alive on Superson, 1990, to
7 AGE  J-8 yrs. // mos. /6 ds. or min.?	and that death occurred on the date stated above, at 2 Qm.  The CAUSE OF DEATH * was as follows:  Archivorna 5 Merus Richum
B OCCUPATION  (a) Trade, profession or particular kind of work  At General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)	Since Sept 17-1830 finerabout all of Seines Sept 17-1830 finerabout all of Seines Sept Melast 2 years (Duration) Byrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER DEVANCES CARROL  ST THER DEVANCES CARROL  ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER ST THER STATES CONTROL  ST THER STATES CONTROL  ST THER STATES CON	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Princes Lws 96 C Md	Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death
(Informant)	if not at place of dea.h?
(Address) Ridge Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATE Of SURIAL Mar /2, 1931
15 Filed 3/12/ 1931 Q. (9. Kuig Registral	4. Raleigh Ridge Mod.
If more blanks are needed, addre.s tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02502

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(a) Foreman, (b) Automobile factory. The materix business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Physician, Compositor, Architect, worked on may form part of the second statement. or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISAL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); s. inal meningitis"); Diphlheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, ctc., Carcinoma, Sarcoma, American Medical Association.) (Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease etc. The contributory affection valvular heart disease; Nomenclature need " Shock," not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

See Birth certificate for change in dates

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (n or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart Always qualify all The contributory disease; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6

WRITE PLALY, VEH UNFADING INKTHIS IS	-Every Item of Information should be carefully supplied. ACCIANS should state CAUSE OF DEATH in plain terms so the
NLY, TH UNF	formation should b
WRITE PL	CIANS should s

V. S. No. 1

PLACE OF DEATH	03504 STATE OF MARYLAND
County St Mongo	(9) CERTIFICATE OF DEATH
	Registration Dist. No. 28
Village or City Laurel Fme (No.	St.: Ward) (If death occurred in a hospital or Institu-
2FULL NAME JE orge France	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORGED (Write the word)	16 DATE OF DEATH Morel: 18, 1923
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
7100 10 1928	The 22 1931 to March 17 1981,
(Month) (Day) (Year)	that I last saw hair alive on Broad 1 th, 1921,
7 AGE IIFLESS than	and that death occurred on the date stated above, at 2
l dayhrs.	The CAUSE OF DEATH * was as follows:
2 yrs. 4 mos. 7 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Brancho premonia
particular kind of work	Locesia whooping caugh!
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos. des.
9 BIRTHPLACE (State or country) St Many. Ca.	Contributory Mc Secondary (Duration) yrs mos ds.
10 NAME OF	(Signed) And Darlow M. D.
FATHER Bernard Ceboxe	21 - 2 (
0 11 BIRTHPLACE OF FATHER	1923 (Address) Country Donth or in doths from
C State or country)  Z MAIDEN NAME  2 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eva Elegabet Darue	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) I May 'C	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Band Chare.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Machanis	It Josaph ("hr 3/69, 1931
Filed 3/18 19231 La Joshows	20 UNDERTAKER John Medouvull
If more blanks are needed, addres State Registra	, 16 W. Saratoga St., Palto., Requesting V. S. No. 1.

03504

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rc state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on (b) The ques-Grocery;

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart ranure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. "PUERPERAL seplicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus)-may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) American Medical Association.) aparoved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as 'Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this pertificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13505
1. PLACE OF DEATH	23)
County St. Marys	23 Registration Dist. No. 287
Village or City Great Omills	NoSt.,Ward
(It Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Margaret	Cox
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
themale while single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
(or) WIFE of	19 10 Mar 23 1931.
6. DATE OF BIRTH (month, day, and year) August 13, 1910	Hast sawher alive on Mar 23, 1931; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6-30 Pm.
20 7 /8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Pulmonary Luburgulous 1 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	d d
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant In this year)	
4 + 2 '00	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Magnetical	
W 13. NAME More & La Called	
14. BIRTHPLACE (city or town) Level Mills	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lessie Blacks To	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sessee Blackstone 16. BIRTHPLACE (city or town) Great Mills	Accident, suicide, or homicide? Date of injury 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Mrs Henry Stone	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Great Mills Fred	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Frank Date Mar 241931	Nature of injury
19. UNDERTAKER Ennest Robinson	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Danneron Mid	If so, specify
20. FILED Mar 24, 1931 Socal Registrar.	(Signed) (Address) Great Mills Ing M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V.S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1
			1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH PERSONAL AND STATISTICAL SINGLE, MARRIED, WIDOWED. 3 SEX 4 COLOR OR RACE OR DIVORCED (Write the word) 6 DATE OF BIRTH Instructions (Month) (Day) (Year) 7 AGE If LESS than I day hrs. B' OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

03506

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) a (If death occurred in hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March 17, 1981
March (Month) 7 (Day) 193/ (Year)
17 HEREBY CERTIFY, That I attended the daceased from
march 15 1931 march 17 , 198 1,
that I last saw ham alive on maich 17 , 1951,
and that death occurred on the data stated above, at 11.45 Pm.
The CAUSE OF DEATH * was as follows:
acute meningocossus meningitis
2
(Durstion) yrs. mos 3 ds.
Contributory Secondary
(Signed) Olayseus C Wilh M. D. March 18 16 (Address) Chipties med.
*State the Disease Causing Doubh, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Racent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
St. Joseph Cernitary March 18, 1931
20 UNDERTAKER ADDRESS
Orosa Curtio Helen P-O. My

If more branks are needed, address State Ragistrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registrar

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is nermanantly fluid permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

	PLACE OF DEATH	03597 STATE OF MARYLAND
	County of war	CERTIFICATE OF DEATH
		Registration Dist. No. 28 L
Vil	lage or City Wardsley (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME Way Jan	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 (4), 193 (193)
16 5	ATE OF BIRTH	17 I. HEREBY CERTIFY, That I attended the deceased from
	11 = P. 15 = 1 = CEA	3 - 2 - 1951. to 3 - 1 4 - , 1928/
	(Month) (Day) (Year)	that I last saw he alive on 3 - 1 3 - , 193/,
7 A	GE [If LESS than	and that death occurred on the date stated above, at 10 m.
	l dayhrs.	The CAUSE OF DEATH * was as follows:
-	yrs. mos. ds. or min.?	aceual apoptory
4 (	Trade, profession or //	
	articular kind of work Some Some Some Some Some Some Some Some	
b	ness, or establishment in	(Durstion) vis ros 12 ds.
w	hich employed or (employer)	Contributory Purion ablacts
9 B	(State or country)	Secondary  (P (Detation) yrs mos ds,
	10 NAME OF PATHER PARENTS	(Signed) RMY Balum, D.
10	11 BIRTHPLACE	5-17-198 WAddress)
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER OLD Cy / Landles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or Country)	of deathyrsmosds. Ststeyrsmosds.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Swap Curtis	Former or usual residence
	(Address) whadsty und	20 Led 19 2 DATE OF BURIAL  20 16 19 3
15	Filed J-1 > 1921 N. V. Calcur	20 UNDERTAKER ADDRESS  Chaptersolve
	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Jactory. The material Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stelanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) Recommendations on statement of cause of as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9 1931

No.

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PLACE OF DEATH	STATE OF MARTLAND
County Stuars	CERTIFICATE OF DEATH
	Registration Dist. No. 25 6
Village or City Bulund(No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Still 6	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 , 192 (Month) (Day) (Year)
5 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to
7 AGE   If LESS than I day hrs.   or min.?	and that death occurred on the date stated above, at
b OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. 3 mos. de.
9 BIRTHPLACE (State or country)	Contributory C C C C C C C C C C C C C C C C C C C
10 NAME OF SATHER Sur Cleaner Drs.	(Signed) J. W. J. Selem M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wa Read Bull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs ds. State yrs ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) & Church Sh	Former or usual residence
(Address) Bullind of	Bushing and 3 1 19 3
15 Filed 3 - 5 - 198 / N. Calin	20 UNDERTAKER ADDRESS
Registrar	1. Chilles ha Whiter

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Coal mine, etc. (6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all

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PLACE OF DEATH	STATE OF MARYLAND
County () A Mary &	CERTIFICATE OF DEATH
el Ven	Registration Dist. No. 287
Village or City Lear Mills (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MASSIE & WIDOWED.  Male White Word (Write the word)	16 DATE OF DEATH Harch 198/ (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mas 1) 198 1. to Masch 1, 198 1 that I last saw him on March 12, 198 1
7 AGE    If LESS that   day hrs   day hrs   day hrs   day hrs   day   day   hrs   day   da	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or wheat on State soad (b) General nature of industry business, or establishment in	flace no Crider as Cak years
which employed or (employer)  9 BIRTHPLACE (State or country)  Marys Co	Contributory Secondary  (Duration)  yrs, mos ds.  (Duration)  yrs, mos ds.
10 NAME OF FATHER Thomas Cerans	(Signed) Brown (a. M. D. M. D. (Address) Limas of Com
OF FATHER (State or country)  12 Malden Name  12 Malden Name	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / DEL WELL  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For liospitals, Institutions, Transliants or Recent Residents)  At place  In the
(State or Country) & Mary Co.	of death
(Informant) Thomas boland frame	former or usual residence
(Address) Israp Mille, Mol,  15 Filed Man /8 1931 Pf Been had	Popular Hell Falley Lee Mar. 19, 1908/ 20 U DERTAKER ADDRESS
Local Registras	Gd Hoberon Vameron
it more planks are needed, addre.s ctate kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant Cook.

Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewije*, *House*en at home, laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer--Coal mine, etc. Womwithout more precise specification as Doy who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

on as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death diseases can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or " "Marasmus," "Old Age," "Shock," intercurrent) affection need Chronicetc. The contributory volvulor heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

permanently filed.

V. S. No. 1

PLACE, OF DEATH	STATE OF MARYLAND
County Dr. //MM	CERTIFICATE OF DEATH
Mark life	Registration Dist. No. 3
Village or City MMM (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Oharles Uspan Her	ywwy tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule James Single, Maule Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mely 20 1868	
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
03 yrs. / mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	MANAGE FORTH OUT HILL
a) Trade, profession or Hamley	Sold by Marie State of the Stat
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Q yrs, mos, ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstion) yrs mosde.
FATHER SOLIDA HOLLIANS H.	(Signed) M. D. M. D.
11 BIRTHPLACE	1110h 21 1931 (Address) / W/fam)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER (MM) (MANUA)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	Where were disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Jany Junitely	usual residence
(Address) Machanistical	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 190
Filed Moh 21 1921 A 11 Filed Registrar	20 UNDERTAKER MEDIANUSULLY
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., will laborer, laborer, laborer, farm laborer, are state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) whatever, write None. ployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation and children, Laborer-Coal mine, etc. Wom-Salcsman, (b) not gainfully em-Locomotive engineer, The quesmateria Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved American Medical Association.) tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart Induct,
"Old Age," "Shock,
"Inanition." "Marasmus," "Old Age," "Shock, (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant ncoplasms); Meusles; causing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, by Committee on Nomenclature cough; Chronic Example: Meusles (disease chopneumonia (secondary), etc. valvular heart Always qualify all The contributory discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many Automobile factory. The materia (6) Grocery;

Statement of Cause of Death—Name, first, the DIS\_ EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Simple of the same of the synonym is "Diphtheria"; Simple of the synonym is "Croup"); Simple of the synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or intercurrent) affection need not be Chronic The n.ture of the injury, valvular heart disease; etc. The contributory etc., of

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FOR BINDING

MARGIN RESERVED

PLACE OF DEATH	03512 STATE OF MARYLAND
County Marys	CERTIFICATE OF DEATH
	Registration Disk No. 250
Village or City Good Hace (No. 1844	St: Ward) (If death occurred in a hospit t or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jude Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193/ /Mch (Month) / (Day) /93/(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
mah 1 1931	
(Month) (Day) (Year)	that I last saw h alive on, 192,
If LESS than I day 4 hrsds. ormin.	The CAUSE OF DEATH * was as follows;
OCCUPATION (a) Trade, profession or particular kind of work	medupe one ling & Folis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER Jacues Govern	(Signed) And M. D. Rige hel
OF FATHER  (State or country)  (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julius Dorsey	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos, ds. State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Part Fall hal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St James Cerry ml 2 13/
15 Filed 13/2/ 1981 9 (9. King M.)	20 UNDERTAKER ADDRESS Roll Hall
If more branks and needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. definite salary, may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, Or For many occupations a ijrs). For persons Farm laborer. Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material who have no occupation single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal (fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or misearriage as for malignant neoplasms); Measles; Chronic Example: Meusles (disease etc. The contributory valvudar hearl Nomenclature disease; not be under-

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N. B.—WRITE PEAINLY,

03513

	1. PLACE OF DEATH	<del></del>
	County St. Marys	Registration Dist. No. 287
	Village or City Beachville	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs mos. ds.
	2. FULL NAME Christine 6. J.	mson
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final.	. Colon on Mich	21. DATE OF DEATH  War. 2/ 193/ (Month) Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Frank muson	22. I HEREBY CERTIFY. That I attended deceased from  Mar 2 ( ,1931 , to Mar 21 ,1931
4		I last saw here alive on Mare 21 1931; death is said
certificate	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at . 2.20 Am.
tific	- 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade pro	2 Trade profession or particular	were as follows:
Jo	The state of the s	Elampser perperal. 3/21/31
back	9. Industry or business in which work was done, as SILK MILL,	Charles and the contract of th
ba	SAW MILL, BANK, etc.	
On	0. Date deceased last worked at this occupation (month and 3/21 11. Total time (years) spent in this	
suc	year) occupation	Other Contributory Counce of importance:
instructions	12. BIRTHPLACE (city or town) It Maryo Es,	Interstitial Rephritis
stru	(State or country) Maryland	
	13. NAME Mort Cole	P
See	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country) Maryland	What test confirmed diagnosis?
important	15. MAIDEN NAME Josephine Smallwood  16. BIRTHPLACE (city ortown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
ort	O 16. BIRTHPLACE (city of down)  (State or country)	Accident, suicide, or homicide?
mp	(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
is very i	17. INFORMANT Josephini Colle md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
50	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place St Ochers Cemeley Date Mar 23, 1931	Nature of injury
LION	19. UNDERTAKER Ernest Polinson	24. Was disease or injury in any way related to occupation of deceased?
7	(Address) Danceron Md	If so, specify
	20. FILED Mar 21, 19 31 P. Beau M.D. Local Registrar.	(Signed) Great mills Ind. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	-
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
		į.		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones	•	May 1,1923	Gastroenteritis	1 year
•				
				1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20. FILED Mar 21, 1931

ERTIFICATE	OF DEA	ATH 03	514
9	Registration	Dist. No. 2	87
ND. alh occurred in a hospital or in ds. How long in U.S.	stitution, give its NAM	St., E instead of street an	Ward d number)
_St., Ward.	If nonresiden	t give city or town a	nd State
MEDICAL	CERTIFICATI	OF DEATH	
1. DATE OF DEAT	H Mar (Month)	21 (Day)	, 193 ( (Year)
I last saw h. alive on to have occurred on the date s	stated above, at _ 9 %	2/ ,19.3 Ro Am.	
were as follows:	27111 2110 1010100 00111	ou importance	Data of onset
maternal n	exhitise	sin	
Other Contributory Causes of i	mportance: dead her ch	for swee	of Som
Name of operation		Date of	
What test confirmed diagnosis	?	Was there a	n autopsy?

23. If death was due to externat causes (VIOLENCE) filt in also the following

Accident, suicide, or homicide? Where did injury occur?.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?\_

If so, specify (Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
ALTER EVOCATE DOED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUEEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH  County SI May	03515 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 284
Village or City Challe Hagel Joseph.	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 4 , 19:34
6 DATE OF BIRTH  5 E/1 29 , 1889  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  18 0. to Mond 2 4 193/, that I last saw h alive on Mond 23 195/,
7 AGE    If LESS than   I day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory April 13 Contributory Secondary
10 NAME OF FATHER Soul Paraul  11 BIRTHPLACE OF FATHER (State or country) Soul Recover	(Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (A
12 MAIOEN NAME OF MOTHER  OF MOTHER OF MOTHER (State or Country)  (1)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrs
(Informant) Hoyd Malugare (Address) Charlotte Hack	Where was disease contracted, if not at place of des.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Mon 26, 19.36
Filed 3/25 1936 Lan Alacha Registras	20 UNDERTAKER  ADDRESS  Landa and Death  Height and  r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. (a) Foremun, Spinner, (b) tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Fanner or given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesins). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery, 1.e.

Statement of Cause of Death—Name, first, the fig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— State cause for which surgical operation was underean be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular Always qualify all heart not be disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 (If death occurred in Ward) class a hospital or institution, give its NAME Is stead of street and prope PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCES (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at I day A hrs. ds. or min.? 8 OCCUPATION (a) I rade, profession or particular kind of work a (b) General nature of industry pi business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) RGI 04 D W 10 NAME OF 00 14 O (Address) \_\_\_\_ 11 BIRTHPLACE ल ध ORFATHER CAUSI EZ \*State the Disease Causing Death, or, in deaths (State or country) Violent Causes, state (1) Means of Injury and [t] Accidental, Suicidal or Homicidal. 12 MAIDEN NAME nformati 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns d state CCU2/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. (State or Country) b Where was disease contracted, if not at place of dea h?.... no THE BEST OF MY KNOWLEDGE Former or usual res.dence Every Te CIANS & Statemen (4) 20 UNDERTAKER If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratog St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Locomotive engineer, But in many (6) Grocery;

Strtement of Cause of Death—Name, first, the DEE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia").

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart tautie,
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY ChronicExample: Measles (disease "Senile," etc.), "Drcpsy, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTL ly classifi fleate. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and <sup>2</sup>FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED. OR DIVORCED Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY-CERTIFY. That I attended the deceased from (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: min.? ERVE OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry 0 business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed FATHER 11 BIRTHPLACE OF FATHER CAUSI ENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AR OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ......yrs......mos. .....de. (State or Country) should ent of O Where was disease contracted, if not at place of dea.h? BEST OF Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADERESS Registrar If more bianks are needed, addre. a tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise epocations, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic Example: Measles (disease valvular heart disease; etc. The contributory affection need not be Nomenclature " Shock," Measles;

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PLACE OF DEATH

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (to or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia

> tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Quange,
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Never report mere symptoms or terminal condi-Committee on Chronic The nature of the injury, affection need not be etc. The contributory valvular heart Nomenclature disease; Measles; etc., of

BUR filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is data is essential and If this certificate is looked over thoroughly and all quations

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PLACE OF DEATH  County St Mary 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 284		
Village or Cityhon Charles Many E. Re	St: Ward)  (If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Morch. 7 , 1923  (Month) (Day) (Year)		
6 DATE OF BIRTH  Sul Lucy (Day) (Year)	that I last saw har alive on Many 9 1923.,		
7 AGE   If LESS that I day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:		
(a) Trade, profession or particular kind of work  (b) General nature of industry usiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Many a' Comp	(Duration) yrs mos ds.  Contributory Secondary (Duration) yrs mos ds.		
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Many State of Country)	(Signed)		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 Mays Co	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death		
(Informant) Fur Platy:  (Address) Charlest Face	if not at place of dea.h?  Former or usual residence		
Filed 3/ 10 1981 Less Registras Registras	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servanl, Cook, Housenwild, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, report specifically the occupations of persons enetc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation-(6) Grocery,

Statement of Cause of Death—Name, first, the pist EARE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERFERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular Nomenclature heart discase; not be

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ployed, as At school or At home. Care should be taken to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments at is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person; irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the bisease causing beath gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotics engineer whatever, write None. tired 6 ins.). For persons who have no occupation business; that fact may be indicated thus: Furmer (rework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foreman. (b) Automobile factory. The material Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the passe causers death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia").

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Tulsions," diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., sepsis, tetanus) may be stated under the cau be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid Namenclature of the American Medical Association.) ment of cause of death approved by Committee on hend of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and consetruin-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. . For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia,""Puerperal peritonitis," etc. (secondary or Whooping cough; Chronic valvular heart disease; Poisoned by carbalic acid-probably suicide. The na-"Debility" ("Congenital," "Senile," etc.) intercurrent) affection need not be (second-(disease (merely

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PLACE OF STATE OF MARYLAND CERTIFICATE OF DEAT County Registration Dist. No. 4 Village or City (If death occurred in Ward) a hospital or institution, give its NAME is stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED. PHO 16 DATE OF DEATH BINDING OR DIVORCED (Write the word) (Month) (Day) (Year & DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at fire I day hrs. The CAUSE OF DEATH \* was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE (Address) OF FATHER CAUSE Z \*State the Disease Causing Death, or, in death's from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether REI Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or Country) 00 Where was disease contracted, houl 14 THE ABOVE IS TAKE TO if not at place of dea.h?.. MY KNOWLEDGE Former or usual residence URHAL OR REMOVAL DATE OF BURIAL Every CIAN: stater Registrar If more bianks are needed, address trate Registrar, 16 W. Saratoga St., Balto., Registing LOCAL REGISTRAR No 282 DATE



(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman, -Coal mine, etc. 6 .""(Deal-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Me "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not no (secondary or intercurrent) affection need not not not the control unless important. Example: Measles (disease Whooping cough, (Recommendations on as fracture of skull, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lun "(Atrophy," "Collapse," "Commercial," "Senile," etc.), "Dropsy," perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Committee of al Association. and consequences (e. g., sepsis, ronic lignant neoplasms); statement of cause of etc. valvular heart Nomenclature Always qualify all The contributory Sarcoma, Measles ; disease; death

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WRITE PLA S. No. 1

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	03522		
PLACE OF DEATH	STATE OF MARYLAND		
County St. Curan	CERTIFICATE OF DEATH		
	Registration Dist. No.2		
Village or City & uaid (No.	Str. Ward) (If death occurred in a hospitul cr institution, give its NAME in-		
2FULL NAME Laward ff	was allowed steed and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
MARRIED, Crawish Wilsowed CR DIVORCED (Write the word)	16 DATE OF DEATH  S (Month)—(Day)—(Year)  17 I HEREBY CERTIFY, That I attended the deceased from		
6 DATE OF BIRTH	3-10-198/103-16-193/		
(Sonth) (Day) (Year	that I last saw h slive on 3 199/		
(Month) (Day) (Year	and that death occured on the date stated above, atm.		
l dayhrs			
So yrs. mos. ds. or min.	dela fremun		
CCCUPATION (a) Irade, profession or particular kind of work	(Duration) yrs mos 8 de.		
9 BIRTHPLACE (State or country)	Contributory Secondary  Dyration D. de.		
FATHER auch s Uplan Huyan	(Signed) 100 V. V ale M. D. 3 - 1 > - 198 ((Address) accure		
of FATHER (State or country) May 1: Class	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
18 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of death yrs mos ds. State yrs ds.		
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(Informant) Janus Derdl Huge	Former or usual residence		
(Address) Is used of	Date of Burial or REMOVAL DATE OF BURIAL 3-1.8-193.1		
Filed 3 - 17 1931 N & Calcurate Registras	Enque It all Luar 4h		
If more blanks are needed, addross State Registre	r, 16 W. Baratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning cfillness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servani, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. For many occupations a single word or term on yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer--Coul mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); obbar pneumonia, Bronchopneumonia ("Pneumonia.")

"(Iraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., serwis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., e unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY as the eause. Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Always qualify all

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) .... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) (Day) (If LESS than and that death occurred on the date stated above, at ... 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: min.? **B** OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER Z (State or country) Accidental, Suicidal or Homicidal. AREI 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ....yrs.......mos......ds. (State or Country Where was disease contracted. if not at place of dea.h?. usual residence 19 PLACE OF BURIAL OR REMOVAL

(If death occurred in

a hospital or Institu-tion, give its NAME in-stead of street and

number.)

29.

State.....yrs....

DATE OF BURIAL

(Day)....

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2d UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

er," etc., Williams, Laborer, Laborer, Laborer Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a first line will be sufficient, e.g., Farmer or Planter, For many occupations a without more precise specification as Doy Stationary fireman, etc. But in many single word or term on -Coal mine, etc. Wom-

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